Consent Form
For
Preventive and First-Line Treatment of Tuberculosis

Dear Client:

This is to inform you about treatment, the side effects and risks fo taking medication for tuberculosis.

Treatment:

Treatment of persons infected with the tubercle bacilli will prevent TB infection from developing to active TB disease in most individuals. Treatment with additional first-line drugs for people with active disease will stop the process and in most cases cure Tuberculosis. The medications should be taken daily from 6 months to 1 year (according to physician's prescription). The medication and nursing supervision may be provided without cost to you.

DRUGS	SIDE EFFECTS	COMMENTS
□ INH Isoniazid	Dark urine, Light colored stools; Fatigue; Loss of appetite; Yellow eyes or skin; Rash.	Hepatitis risk increases with age and alcohol consumption. **Do not take Tylenol (Acetaminophen).** Ibuprofen, Aleve, and Advil can be taken. Do not use alcohol.
□ RIF Rifampin	Upset stomach; Rash; Dark and/or orange urine. Light colored stools; Yellow eyes or skin; Flu-like symptoms; Fatigue.	Significant interactions with methadone; birth control pills and many other drugs. Colors body fluids orange (i.e., sweat, urine, tears). May permanently discolor soft contact lenses.
□ PZA Pyrazinamide	Joint aches; Upset stomach; Rash; Dark urine; Light colored stools; Yellow eyes or skin; Fatigue.	Elevated uric acid; avoid alcohol intake. Drink plenty of fluids.
□ EMB Ethambutol	Decreased red-green color discrimination; Decreased visual activity; Skin rash.	Not recommended for children too young to be monitored for changes in vision unless TB is drug resistant
□ SM Streptomycin	Hearing loss including ringing or roaring in ears.	Must be given by injection. Avoid or reduce dose in adults over 60 years old.

I have read the statements on this form about the treatment of Tuberculosis. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of taking the medication and request and consent that it be given to me or the person named below of whom I am the parent, guardian or other authorized person.

_____ _____

Name (print) Date of Birth Today's Date

_____ _____

Signature Witness

(8/2002)